

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 2062.78	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.5365
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 9300.00	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.5381
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11362.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin

[Electronically Filed]

Date

MM / DD / YYYY
04 / 03 / 2016

Signature

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FOR SE OF FORM 24/48

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Full Name of Payee Granite Lists, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2016	
Mailing Address 1283 Main Street		Amount 3000.00	
City Dublin	State NH	Zip Code 03444	Transaction ID : SE.5359
Purpose of Expenditure Voter contact-emails		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2016	
Mailing Address 210 W. Pennsylvania Avenue Suite 250		Amount 47491.03	
City Towson	State MD	Zip Code 21204	Transaction ID : SE.5378
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50491.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	61853.81

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Jamie Jodoin

Signature

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Date

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